STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in class Ward) a hospit if or institu-EXA tion, give its NAME i stead of street and number.) PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIE WIDOWED OR DIVORCED (Write the word 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from structions (Month) (Day) (Year) 7 AGE (If LESS than and that death occurred on the date stated above, at I day hrs. or min.? 8 OCCUPATION 99 (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Durstion) which employed or (employer) Contributory 9 BIRTHPLACE (State or country) d 10 NAME OF OF FATHER ENT *State the Discase Causing Death, or, in Violent Causes, state (1) Means of Injury and deaths from (State or country Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death .. . yrs..........ds. yrs......mos..... (State or country) 00 Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? Former or usual residence 20 UNDERTAKER If more banks are needed, addre s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. 10. 1

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(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. cupation is very important, so that the relative healthto report specifically the occupations of persons engaged in domestic service for wages, as Screent, Cook ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-(oal mine, etc. women at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a For persons who have no occupation single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilderia avoid use of "Croup"); Juphold fever never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature of the totanus) may be stated under the head of "contributory." "Exhaustion," "Heart tanure,
"Old Age," "Shock," stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences ie. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus, Juange, "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly Never report mere symptoms or terminal condiinterstitial nephritis, Chronic valendar heart disease Carcinonia, Sarcoma, etc., of etc. The contributory

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERMA WRITE PL

V. S. No. 1

| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County Tarrew | CERTIFICATE OF DEATH |
| le to | Registration Dist. No. / 62 |
| Village or City Nauforth (No. | St: Ward) (If death occurred in |
| 2 FULL NAME Marcella Elasine T | St.: Ward) a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH 29 , 1931 |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| Luly 20 . 1931 | , 192, 192, |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at |
| I day hrs. | The CAUSE OF DEATH * was as follows: |
| yrsds. ornin.? | (M) INDIVITA |
| (a) Trade, profession or particular kind of work | no further information, cut of |
| (b) General nature of industry business, or establishment in | |
| which employed or (employer) | (Duration)yrsds, |
| 9 BIRTIPPLACE (State or country) | Contributory Secondary |
| 10 NAME OF Alford Broadwater | (Signed) |
| () II BIRTHPLACE | 192 (Address) Man Down |
| OF FATHER (State or country) 12 MAIDEN NAME | State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Comma Yasher | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) At place in the |
| OF MOTHER (State or Country) | At place of deathyrsmosds. In the Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) alfred Broadwater | Former or usual residence. |
| (Address) Lastsville | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL |
| 15 Filed July 29 1921 674 Quil | 20 UNDERTAKER ADDRÉSS - I |
| // Registrar | own oumerleys mussorly |
| If more branks are needed, address State Registras | , 16 W. Seratoga St., Balto., Requesting V. S. No. 1. |

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write Nonc. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation If the occupation has been changed -Coal mine, etc. 6 Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condiinges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, mencough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

| PLACE OF DEATH | USZUI STATE OF MARYLAND |
|---|--|
| Marve IX | CERTIFICATE OF DEATH |
| County | Registration Dist. No. 14.9 |
| Village or City (No | St: Ward) If death occurred in a hospital or institu- |
| 2 FULL NAME Tileen Del | lon, give its NAME in- etead of street and |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Timel Color or RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH 2 3 , 19 3 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from |
| 6 DATE OF BIRTH | 192, to, 192, |
| 5-29-,1923 (Month) (Day) (Year) | and that death occurred on the date stated above, at |
| l dayhrs. | The CAUSE OF DEATH it was as follows: |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | anave su was up. |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) |
| 9 BIRTHPLACE (State or country) Deer Park Vnd | Contributory Singifary (Digntion) (Digntion) (Digntion) (Digntion) |
| 10 NAME OF FATHER 7+ Coffax We with | (Signed) M.D. (Address) Plan Pank Tra |
| II BIRTHPLACE OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. |
| of MOTHER Vernied Groves | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or country) Price Coak LTC | At place of death yrsmosda, State,yrsmosde. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant) W. to less lenth | usual residence. |
| (Address) Deer Park, Mrd. | Paradise Ceny July S 193/ |
| Filed ruly 4 1981 allie Me ashlay | Solu Osklow |
| wore blanks are needed, address State Registrar. | 16 W. Saratoga St., Balto., Requesting V. S No. 1 |

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. But Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescapation is very important, so that the relative health state occupation at beginning of Illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ployed, as At school or At home. Care should be taken definite salary), may be entered a Housewife, Househousehold only (not paid Housekeepers who receive a ен at лоше. laborer: Farm laborer, Laborerer," etc., without more precise specification as Never return "Laborer," "Fereman," "Manager," "Dealworked on may form par; of the second statement. (a) Foremen, (b) whatever, write None. fired to yrs.). business, that fact may be indicated thus: Furmer (reor given up on account of the presase Carsing meath, House maid, etc. If the occupation has been changed Statement of Occupation Precise statement of oc For many occupations a single word or term on OF LET who are engaged in the duties of the Home, and For persons who have no occupation Automobile factory. children, -Coal mine, etc. Wom-1:) E As examples: (a) gainfully em-The material Day

ELANCIMENT OF CAUSE OF Death—Name, first, the DIS-EASE CAULING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the came disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> use of "Tumor" for malignant ncoplasms); Meusles; quences (e.g., sepsis, telanus) may be stated under the rhage," "luanition." "Marasmus," "Old Age," "Shock," vulsions," "Debility" ("Congenital," "Senile," etc.),
> "Dropsy," "Exhaustion," "Heart failure." "Hácmorsymptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely eausing; death), 29 ds.; Bronchopneumonia stated unless important. Example: Meusles Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid inqualified, is indefinite); Tuberculosis of lungs, men-"Puerperal septicuemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease (seeondary or intercurrent) affection need not be ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF Whooping cough; Nomenclature of the American Medical Association.) ment of cause of death approved by Poisoned by carbalic acid-probably suicide. Examples: Accidental drouming: State cause of "contributory." -accident: Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY for which surgical operation was under-Chronic (Recommendations on state valvular Struck by railway heart "Coma, Committee on The na-(disease discase; (second-"Соп-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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| PERMA | chould It may s on ba |
| A | CE hat ons |
| 15 | Action |
| WRITE PI NLY VITH UNFADING INKTHIS IS A PERMA INT ECORD | ry item of information should be carefully supplied. ACE should be stated EXACTLY, PHY NS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Extement of OCCUPATION is very important. See instructions on back of certificate. |
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| | 5x 5 |

| | PLACE OF DEATH | 08262 STATE OF MARYLAND |
|---|---|---|
| | County Janelle | CERTIFICATE OF DEATH |
| 1 | 1. 7-11 | Registration Dist. No. /62 |
| 1 | Village or City Janlsvill (No. | St.: Ward) (If death occurred in a hospital or institu- |
| | 2FULL NAME & Illis Monn | tion, give its NAME listend of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Nale Mule S SINGLE, MARRIED, WIDOWED SUIGHT (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| | 8 DATE OF BIRTH Mar 25, 1916 | 17 LHEREBY CERTIFY, That I attended the deceased from |
| | (Month) (Day) (Year) | that I last saw h MM alive on fill 5 1956, |
| | 7 AGE | and that death occurred on the date stated above, at L. m. The CAUSE OF DEATH * was as follows: |
| | yrs. 4 mos. ds. or min.? | usute lassition |
| - | (a) Trade, profession or Janu wash, | |
| | (b) General nature of industry | |
| 4 | business, or establishment in which employed or (employer) | (Duration) ros de. |
| | 9 BIRTHPLACE (State or country) | Contributory Secondary (Durstion) yrs. 2 mosds. |
| | 10 NAME OF Charles & Durst | (Signed) A. B. Davis M. D. |
| | II BIRTHPLACE OF FATHER | 197 (Address) A J A Dan Land |
| | OF FATHER (State or country) 12 MAIDEN NAME (12 MAIDEN NAME (14 ()) | *State the Lisease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | of MOTHER Das Pill kengel | 10 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans- jents or Recent Residents) |
| | 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsmosds. In the State,yrsmosds. |
| | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, it not at place of dea h? |
| | (Informant) Charles E. Durst | Former or usual residence |
| | (Address) Grantsville | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Cing 2, 1931 |
| - | Filed aug 193/ OHOU | 20 UNDERTAKER LEVERY Grantsville |
| | If more blanks are needed, addre.s Ltate Negistrar | , 16 W. Saratoga St., Balto., Requesting V. S. Ivo. I. |

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cl whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATE, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on For persons who have no occupation Salesman, (b) Grocery, As examples: (a)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

data is

permanently filed.

answered in detail, it will prevent further correspondence.

essential and must be obtained before the certificate is

Recommendations on statement of cause of approved by Committee on Nomenclature inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Mcasles; If this certificate is looked over thoroughly and all qu stions as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent Deaths state Means of Injuny "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease;

| | 08253 |
|---|---|
| PLACE OF DEATH | STATE OF MARYLAND |
| County grown | CERTIFICATE OF DEATH |
| | Registration Dist. No. /6 7 |
| Village or City Jed Run! (No. 2FULL NAME Susan J. Hist | St.: Ward) (If death occurred In a hospital or institution, give its NAME II stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MODULA, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH July 12, 193/ (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| March 14-, 1858 (Month) (Day) (Year) | that I last saw her after on July 12 - , 192 , |
| 73. yrs. 3 mos. 28. ds. or min.? | and that death occurred on the date stated above, at \$ 46 Pm. The CAUSE OF DEATH * was as follows: Lungs Sou of Jungs. |
| 8 OCCUPATION (a) Trade, profession or sarticular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) Jul Rowy de, |
| 9 BIRTHPLACE (State or country) Suysa. Olac. | Contributory Secondary (Dursion) yrs niceds. |
| 10 NAME OF FATHER ROBERT. Soyal 11 BIRTHPLACE OF FATHER (State or country) Gurmany 1 | (Signed) |
| of MOTHER Levely, Vigner. | Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or country) | At place of desth yrs mos ds. State yrs ds. |
| (Informant) | Where was disease contracted, if not at place of dea.h? Former or usual residence |
| (Address) Garmania, W.Va. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LULY 15 1931 |
| 15 Filed July 15, 1921 Virginia M. Harvey | That. Sharpless. Blaine. W. M. |
| If more hanks are reladed address that Registrate | 16 W. Saratora St. Balto. Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook work, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (o) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former free Howsemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. us At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, especially in industrial employments, it is necesor At Home, and children, not gainfully em-For many occupations a yrs . Form laborer, Loborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons (b) Automobile factory. . The material who have no occupation single word or term on (b) Grocery,

Strtement of Cause of Death—Name, first, the Dis-EASE (*\USING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, approved by Committee on tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) carbolic acid-probably suicide. The nature of the Injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL peritonitis," ctc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sorcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state AECORD. Every item of infor-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | 97) |
| County Tarrett | Registration Dist. No. / 6 4 |
| Village or City Mr Late Paul | No. St., Ward |
| Length of residence in city or town where death occurred 42 yrs | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos |
| 2. FULL NAME James andrew Ha | yclen |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male White Wildower 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Wildower | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of Corp. WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from 1931 to Lucy 28" 1931 |
| 6. DATE OF BIRTH (month, day, and year) Feb 20 1842 | Plast saw him alive on lilly 28" 193/ death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 10-5 0 |
| 89 5 8 1 day, hrs. or min. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. | arterio selerosis |
| 9. Industry or business in which work was done, as SILK MILL, | |
| SAW MILL, BANK, etc | |
| 12. BIRTHPLACE (city or town) Suthfield (State or country) | Other Contributory Causes of importance: |
| 13. NAME Jacob Haylens | |
| 13. NAME A colo Hayden 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? |
| 15. MAIDEN NAME Nexty Fowler | 23. If death was dua to external causes (VIOL ENCE) fill in also the following: |
| 15. MAIDEN NAME Ruch Howler 16. BIRTHPLACE (city or town). W. VA, | Accident, suicide, or homicide? Date of injury, 19 |
| 17. INFORMANT SWITZSLEW (Address) The Lagarant Medical Company | Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION OR REMOVAL Place Oaken Date July 30,1931 | Manner of Injury |
| 19. UNDERTAKER ENTRY Molde mid | 24. Was disease or Injury in any way related to occupation of deceased? If so, specify |
| 20. Flytbely 30, 193 pelia Rowar Registrar. | (Signed) A' W. M. D'O'II as M. D (Address) (Pallana Md. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| PUREAU V. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | 1 1 | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| | 1PLACE OF DEATH County Larret | 0825. | STATE OF M | |
|---|--|--|---|---|
| | County 4) and | (43-6) | CERTIFICATE | 113 |
| | Village or City Blasminston (No. | | Registration D | |
| | 2FULL NAME & amah / Tenn | el . | St.:Ward) | (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICA | L CERTIFICATE O | F DEATH |
| | 3 SEX 4 COLOR OR RACE 5 SINGLE, | TO DATE OF DEATH | 1 and | 21 |
| | Tremale White (Write the word) | qui qui | (Month) | , 193/(Day) (Year) |
| | april 3, 1865 | July N | rez la | nded the deceased from |
| | (Month) (Day) (Year) | that I last saw h | . /// | 7 |
| | l day /brs | | / // | above, atm. |
| | 6 6 yrs. 3 mos. 26 ds. or min.? | for fi | Ja. | |
| | a) Trade, profession or | Offitelio G | Spherica | A |
| 1 | particular kind of work (b) General nature of industry | Cardio | Kengal. | ser |
| 9 | business, or establishment in Helps drughts with | | (Durstion) | yrsds. |
| | 9 BIRTHPLACE (State or country) Research | Contributory Secondary | Opoply 4 | |
| | 10 NAME OF FATHER OALL HOUSE | (Signed) | (Duration) | seef M. D. |
| | 11 BIRTHPLACE | 192 | (Address) | went Wy |
| | OF FATHER (State or country) Jennsylvania 12 MAIDEN NAME | *State the Dis- Violent Causes, stat Accidental, Suicidal or | ease Causing Death, te (1) Means of Inju Homicidal. | or, in deaths from any and (2) Whether |
| | of MOTHER Melilad Mennel. | 18 LENGTH OF RESI | | ls, Institutions, Trans- |
| | 13 BIRTHPLACE OF MOTHER (State or Country) Plunsulus sia | At place of deathyrsmo | In the | yrsds. |
| | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contra- if not at place of death? | cted, | |
| | (Informant) Misso Engenia Kunne | former or disual residence | | |
| | (Address) Bloamlugten, mg. | Blooming | to Cemetry | lung 2, 1931 |
| | 15 Filed July 3/ 1981 Dorley Pattison | 20 UNDERTAKER | 126 | ADDRESS Fildmant W |
| | If more bianks are needed, address State Registrar | , 16 W. Saratoga St., Ba | alto., Requesting V. S. | No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesen at home, who are engaged in the duties of the Never return" Laborer,""Foreman,""Manager,""Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*worked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. Locomotive engineer, As examples: (a) But in many (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not us Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Committee on Chronic valvular heart disease; etc. The Nomenclature contributory

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V. 3 No. 1

N. B.-

| | PLACE OF DEATH | US256 STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|---|
| | County Jane C | Registration Dist. No. /6 |
| | Village or City Lantsvillano. | St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3 SEX 4 COLOR OR RACE 5 SINGLE, | |
| | Male White (Write the word) | (Youth) (Day) (Year) |
| | 6 DATE OF BIRTH Cug H, 1862 | 17 I HEREBY CERTIFY, That I attended the deceased from |
| | (Morth (Day) (Year) | that I last onw h Maralive on fully 5, 1925, |
| | 7 AGE If LESS than I day hrs. | , |
| 7 | (a) yrs. (mos. ds. or min.) | La Marie My Cardles |
| | 8 OCCUPATION (a) Trade, profession or particular kind of work platestate clate | |
| | (b) General nature of industry | |
| 1 | business, or establishment in which employed or (employer) | (Duration) yrs, mos ds, |
| | 9 BIRTHPLACE (State or country) Mod | Contributory Secondary (Durstion) June mos de. |
| | 10 NAME OF STATE OF THE STATE O | (Signed) M. D. |
| | OF FATHER Z (State or country) | *State the Lis ase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER | Accidental, Suicidal or Homicidal. 10 Langth Of Rasidents (For Hospitals, Institutions, Transients or Recent Residents) |
| | 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) | At place of deathyrsmosds. In the Stateyrsmosds. |
| | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea h? |
| | (Informant) IThe Educat Tillale | Former or usual residence |
| | (Address) 43 Green It Beturbula | DATE OF BURIAL OR REMOVAL DATE OF BURIAL Aug 3, 1931 |
| | Filed July 31 1981 6 7 City Registras | 20 UNBERTAKER De address bertand |
| | If more banks are needed, addra a tate Kegistra | r. 16 W. Saratoga St., Balto., Kequesting V. S. No. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material Salesman, (b)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinklheria (avoid use of "Croup"); synhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL scplieaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by cough; Committee on Nomenclature Chronic etc. The contributory valvular heart disease;

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No.

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Important

very

825 STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No.

| St:Ward) | a hospital | occurred la |
|----------|------------|-------------|
| | | ts NAME in |

number.)

DATE OF BURIAL

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| Ourstien) | _ | M,D |
| 14-10 | auts or, in de | M.D. |
| using Death, Means of In | or, in dejury and (2 | M.D. |
| | (Month) That I att The flate state of the | (Menth) (Day) (That I strended the delete state stated above, at the st |

If more banks are needed, addre a tate Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. I.o. 1.

Registra

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mane, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmen (re-Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation not gainfully em-(b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia")

(secondar/ or intercurrent) affection need not be st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY cough; "Marasmus," "Old Age," "Shock," Chronic etc. The contributory valvular heart disease; death

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

B.—WRITE PLAINLY

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | |
|--|--|
| County Garrell | Registration Dist. No. 16 |
| Village or City Near Sangrum mo | No. St., Ward |
| Langth of rasidance in city or town whara death occurredyrs,f)mos | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long lo U.S. if of foralgn birth?yrsmosds. |
| 2. FULL NAME Dolly Elizabeth | Reckart (Reckard) |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | . If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE To male 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. tf married, widowed, or divorced | |
| HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I atlanded deceased from |
| 6. DATE OF BIRTH (month, day, end year) Qct. 19, 1929 | Tlast saw her alive on July 9th, 1991; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, atm. |
| / 8 ½/ 1 day, hrs. or min. | The PRINCIPAL CAUSE OF DEATH and related causas of Importance were es follows: |
| 8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Spasma |
| SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | 0 0 = 1 |
| SAW MILL, BANK, etc. | acute Colilia |
| 10. Date deceased last worked at this occupation (month and year) | |
| manifacia | Other Contributory Canses of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| | |
| E C xandle Tred | Name of operation Production |
| (Slale or country) | Name of operation |
| | What test confirmed diagnosis? |
| | 23. If death was due to axternel causes (VIOL ENCE) fill in also tha following: |
| (State or country) Land Co | Accident, suicide, or homicide? |
| 17. INFORMANT Forendaville had RFD. | (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| Place Dang Mrs. Data Jarry. 11, 192/ | Nature of Injury. |
| 1200 8000 | 24. Was disease or injury in eny wey related to occupation of daceased? |
| 19. UNDERTAKER. (Addiess). On seed with the | If so, specify |
| 20 FILED rely 11, 199/ Mas Jeannette Statler | (Signed) A M. D. M. D. |
| Registrar. | (Address) Tenante year. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example II | | | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week aga | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| | | DEEAU V.S. | 1 | |
| O contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | ECEIVED | . 9 | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

| | LY, |
|---|---|
| NT CORD | stated EXACT properly class |
| BINDING | tit may be |
| N RESERVED FOR BINDING DING INKTHIS IS A PERMANT CORD | carefully supplied. ACE chould be stated EXACTLY, PHYSI-H in plain terms so that it may be properly classified. Exact |

| County Ganet | |
|--|---|
| | CERTIFICATE OF DEATH |
| | Registration Dist. No. 167 |
| Tones on the | (16 death againsed |
| Village or City / / / / / / / / / / / / / / / / / / / | St.: Ward) a hospital or institution, give its NAME |
| 2FULL NAME Minniettran | cis (h. d.der stead of street of number.) |
| | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. | 1 16 DATE OF DEATH |
| OR DIVORCES (Write the word) | (Month) (Day) (Year). |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| Jense 30° 187 | () July 1 st. 1921. to July 4- , 193. |
| (Month) (Day) (Year) | that I last saw has alive on ruly 2 ml, 192 |
| 7 AGE If LESS the | |
| 56 yrs. mos. 4 ds. or mir | |
| 8 OCCUPATION | |
| (a) Trade, profession or Jouse Mile | Mysearditis |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration) Jyrs. mos. |
| 9 BIRTHPLACE 4 / 1/ | Contributory Secondary |
| (State or country) | (Duration) ytsmos |
| 10 NAME OF PATHER | (Signed) Will. Dlinkwaler 1 M. |
| 11 BIRTHPLAGE | - July 46 193 ((Address) 4 mania, WIN |
| OF FATHER Z (State or country) | State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| C 12 MAIDEN NAME AND A | Accidental, Suicidal or Homicidal. |
| of MOTHER Muss And migher | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra |
| 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE | At place In the |
| (State or country) | of death yrs. mos. ds. State yrs. mos |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of deads? |
| (Informant) On 76. Polder | Former or usual zesidence |
| (mordiant) | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) / manua / / / | I fed house Currely July 6, 18 |
| 15 - July 1 131 51 6 1 8 8 | 26 UN DERTAKER ADDRESS |
| Filed & Wy 6 1921 Crines C. Trapp | |

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from cupation is very important, so that the relative healthdefinite salary, may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Serund, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; if nature of the business or industry, and therefore an Civil engineer, Stationary fireman, ste. the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. household only (not paid Housekeepers who receive a laborer, Farm laborer. Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive report specifically the occupations of persons en-Foreman, For many occupations a single word or term on 3/r8). (b) Cotton mill; (a) Salesman.
man, (b) Automobile factory. without more precise specification as Duy For persons who have no occupation Laborer-Coal mine, etc. Womfactory. The materia But in many 6 engineer, Grocery

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. Fon violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid ascertained as the cause. Always qualify all death), 29 ds.; Bronchopneumonia (secondary) interstitial nephritis, by Committee on Nomenclature of the or intercurrent) Chronic valvular heart discase; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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| PLACE OF DEATH County Sanett | STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|
| Village or City dilymiller (No. 2FULL NAME Crimie Hay & | St.: Ward) St.: Ward) Ward) Ward) St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH July . 1 , 193/ |
| 6 DATE OF BIRTH Sept 20, 186/ (Month) (Day) (Year) | (Month) (Day) (Year). 17 I HEREBY CERTIFY, That I attended the deceased from 193/, to July 193/, that I last saw h 21 alive on July 193/, |
| 7 AGE 69 yrs. 10 mos. 18 ds. or min.? | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry beginess, or establishment in which employed or (employer) | Probably / yrs mos de |
| 9 BIRTHPLACE (State or country) 10 NAME OF | Contributory Secondary (Duration) yrs. mos. ds. |
| TATHER FILLIAM Wnekurh II BIRTHPLACE OF FATHER (State or country) Joncoming and 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidents, Suicidal or Homicidal. |
| OF MOTHER Man Benard 13 BIRTHPLACE OF MOTHER (State or country) Longcount Ind | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, |
| (Informant) Lagra / Keller | if not at place of dea.h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) / Artymiller Mo | Hanell Cegoglan July 3. 198/ 20 UNDERTAKET Shaplela Bland |
| If more branks are needed, address State Registrar. | 16 W. Saratoga St., Baito., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken work, definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Foreman, ciam, Compositor, Architect, Locomotive engineer, congineer, Stotionary fireman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on yrs . Farm laborer, (b) Cotton mill; (a) Solesman. without more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material Laborer--Coul mine, etc. Wom-6 Grocery;

Statement of Cause of Death—Name, first, the Diseas: "Aux: NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepeis, carbolic ocid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection new (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. approved (Recommendations on statement of cause of Examples: Accidental drowning; Struck by roilicay train diseases resulting from childbirth or miscarriage as "Exhaustion, "Debility" Whooping "Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," perilonaeum, etc., Carcinoma, Sarcomu, etc., oi Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid by Committee on cough; Chronic valvular heart disease; etc. The contributory Nomenclature Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| PLACE OF DEATH | 08271 STATE OF MARYLAND |
|---|---|
| County Garrett | CERTIFICATE OF DEATH |
| | Registration Dist. No. / 6 / |
| Village or City Price dsville (No. | St.: Ward) (If death occurred in a hospital or Institu |
| 2 FULL NAME Mary Jane We | tion, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Fruel White Single, MARRIED, Widowd OR DIVORGED (Write the word) | 16 DATE OF DEATH July 137 , 1931 (Month) (Day) (Year) |
| G DATE OF BIRTH July 724 , 1849 | I HEREBY CERTIFY, That I attended the deceased from |
| 7 AGE (Month) (Day) (Year) | and that death occurred on the date stated above, at 10-0 m. |
| 8/ yrs. 11 mos. 24 ds. or min. | . The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or Heneral house Work particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | (Duration) vis 6 mos des. Contributory Artiriosclurosir Secondary |
| 10 NAME OF Abraw Steel | (Signed) M. O. Medrow M. D. |
| II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER Susaw French 13 BIRTHPLACE OF MOTHER (State or Country) Mary Land | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. |
| (Informant) Owal . Wilele | Where was disesse contracted, if not at place of death? Former or usual residence |
| (Address) Je prieudsville Mrd | 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL PLLY 3, 198 |
| Filedfully 3 19 Mrs. Jeannette statler | 20 UN DERTAKER DELENGE DELENGES |
| If more banks are needed, addre.s State Registra | ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (refirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day (b) For persons who have no occupation Automobile factory. The material As examples: (a)

Streement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia")

> 10 ds. "E:haustion," "Heart lanue," "Old Age," "Shock," "Tranition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drepsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stited unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or ROMICIDAL, (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, Chronic etc. valvular heart disease; The contributory "Drepsy, Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH pluoda there Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred ds. How long in U.S. if of foreign birth? vrs. mos. statement PHYSICIAN (a) Residence: No. (Usual place of abode If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) classified. 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE ofþ¢ 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months (Oays to have occurred on the dete stated above, at 10:15 Unite I day. ----hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____ min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, Jo 0 SAWYER, BOOKKEEPER, etc back plnods may 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Oate deceased last worked at 11. Totel time (years)
spent in this this occupation (month and occupation instructions UNFADING Other Coutributory Causes of importance 12. BIRTHPLACE (city or town) ___ (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) be carefully What test confirmed diegnosis?_ Was there en autopsy?____ ī OTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city er town) Accident, suicide, or homicide? DEATH (State or country) Where did injury occur?... (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. should very OF 18. BURIAL, CREMATION. OR Manner of injury AUSE mation LION Nature of Injury 24. Was disease or injury in any way releted to occupation of deceased? 19. UNOERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ESERV

2

08273 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE OR DIVORCED (Write the word) (Month) 6 DATE OF BIRTH HEREBY CERTIFY, That I attended the deceased from (Day) 7 AGE If LESS than and that death occurred on the date/stated above, I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) .../ ENTS OF FATHER *State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country 12 MAIDEN NA 01 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER (State or country) Where was disease contracted, if not at place of death?..... usual residence (Informant)

If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, " etc., Foreman, For many occupations a yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material For persons who have no occupation single word or term on As examples: (a)(b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EACH (NUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. stated unless important. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. acaident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial mephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train oan be ascertained as the cause. Always qualify all (secondary American Medical Association.) (Recommendations on "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be "Congenital," "Semile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," statement of cause of Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.